

REQUIRED FORMATEMPLOYER'S WAIVER REQUEST LETTER

ADDRESS TO:

The Honorable Anne Pope
Federal Co-Chair
Appalachian Regional Commission
1666 Connecticut Avenue, N.W., Suite 700
Washington, D.C. 20235

INCLUDE THE FOLLOWING:

1. Name of doctor and medical specialty
2. A statement by the head of the health care facility at which the foreign medical graduate will be employed, that the facility is located in an area designated by the Secretary of Health and Human Services as a Primary Medical Care or Mental Health Professional shortage area, as applicable, and provides medical care to both Medicaid or Medicare eligible patients and indigent uninsured patients. The statement shall also list the primary care Health professional shortage Area or Mental Health professional shortage Area/Population identifier number of the designation (assigned by the Secretary of Health and Human Services), and shall include the FIPS county code and census tract or block numbering area number (assigned by the Bureau of the Census) or the 9-digit zip code or the area where the facility is located. If the HPSA designation is based on a special population, the Site Predetermination Application process should have included the necessary documentation. Such documentation will not be required for Community Health Centers (CHC) and other Federally Qualified Health Centers (FQHC) that are otherwise required to serve the target population. Such sponsors should submit a copy of their Notice of Grant Award instead.
3. Assertion that physician will practice primary care or mental health a minimum of 40 hours a week in the HPSA indicated, exclusive of time spent on call, inpatient care, hospital rounds, scheduled after-hour coverage or travel.
4. Complete address of practice location(s), to include name of the facility, street address, city, county, nine digit zip code, and telephone number. If the physician is to practice at multiple locations, a separate practice (work) schedule is to be provided for each individual practice site.
5. Employer identity (i.e. CHC, FQHC, for-profit, not-for-profit); parent organization, etc.
6. A statement of need, including facts regarding the area involved; description of the program; and effect of waiver denial
7. Acknowledgment that all the terms and conditions of the physician's J-1 Policy Affidavit and Agreement have been incorporated into the employment agreement; and that the employment agreement does not modify or amend any of the terms or conditions of physician's J-1 Visa Policy Affidavit and Agreement.

(Continued)

8. Must include statement as follows: "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman's J-1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."

Revised April 2003